Substitute for form 1449/PTO (Revised 07/2005) INFORMATION DISCLOSURE				Complete if Known						
				Application Number		r	10/529,717			
				Filing Date			March 30, 2005			
				First Named Inventor		or	Geoffrey Hasv	vell		
			Gı	Group Art Unit			2612			
STATEMENT BY APPLICANT (Use as many sheets as necessary)				Examiner Name			Samuel J. Wal	k		
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Examiner Signature /Samuel J. Walk/						Date Consid	dered	12/19/2006 d		

^{*}Examiner: Initial if reference considered, whether or not citation is in conformance withMPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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